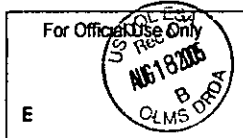


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9761	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Donald R Mitchell P O Box, Bldg , Room No , if any Street 870 Oaks Road City Paducah State Kentucky ZIP Code + 4 42003-0729	4 Name, file number, and address of labor organization Name In/KY Regional Council of Carpenters Labor Organization File Number 060-114 P O Box, Building and Room Number, if any Street 2635 S Madison Avenue City Indianapolis State Indiana ZIP Code + 4 46225
5 Position in labor organization Representative, Second VP	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Donald R Mitchell

On **08/11/2005**

Date

270-898-6955

Telephone Number

Name of Person Filing Donald Mitchell	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name KSDCC Health & Welfare Trust Fund Trade Name, if any KY St Dist Council of Carpenters P O Box, Bldg , Room No , if any Street 3608 Dixie Highway City Louisville State Kentucky ZIP Code + 4 40216-5900	9 Business deals with <input checked="checked" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Benefits provided to members of a labor organization based on contributions negotiated by the labor organization with contributing employers <hr/> 11 b Approximate dollar value of such dealing <i>uncertain</i> 12 a Nature of interest held or income received Hotel and meal expense reimbursement for four Quarterly Trust Fund meetings at the KSDCC Trust Fund office in Louisville, KY <hr/> 12 b Amount \$203

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.

Name of Person Filing Donald Mitchell	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name KSDCC Health & Welfare Trust Fund</p> <p>Trade Name, if any KY St Dist Council of Carpenters</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 3608 Dixie Highway</p> <p>City Louisville</p> <p>State Kentucky ZIP Code + 4 40216-5900</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Benefits provided to members of a labor organization based on contributions negotiated by the labor organization with contributing employers</p> <p>11 b Approximate dollar value of such dealing UNCERTAIN</p> <p>12 a Nature of interest held or income received</p> <p>Expenses reimbursed which were incurred while attending the International Foundation Educational Conference in New Orleans, LA on November 30th to December 5th, 2004</p> <p>Advance check for \$2,500 00</p> <p>Returned by check 764 15</p> <p>12 b Amount \$1,736</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>